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To:

Division of Corporations

Fax Number

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

: (850)878-5368

Account Number : FCA000000023 Phone : (850)205-8842

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please .*

				Ör:	~
Email Address	:			-	

FOREIGN PROFIT/NONPROFIT CORPORATION BRS Better Neighborhoods, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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COVER LETTER

TO:	Registration Sc Division of Co.				
SUBL	ECT: BRS Ben	er Neighborhoods, Inc.			
		Name of cor	poration	- must include suffix	
Dear S	ir or Madam;				
"Certifi	icate of Existenc	ion by Foreign Corpora e," or "Certificate of G in corporation to transac	ood Stanc	ling" and check are suf	oct Business in Florida," omitted to register the
Please	return all correst	ondence concerning th	is matter	to the following:	
·		N	lame of P	erson	
		Fi	rm/Comp	any	
			Addres	S	
,		City	//State an	d Zip code	and the second s
		E-mail address: (to b	e used fo	r future annual report i	notification)
For furt	ther information	concerning this matter,	please ca	11:	
		at (·)	
	Name of Person	n A	rea Code	Daytime Telep	hone Number
Employe	Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle 32301		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
	00 Filing Fee	the following amount: \$78.75 Filing Fee Certificate of Stat		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. BRS Better Ne	ighborhoods, Inc.					
(Enter name of c	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATION	,			
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	business in Florida)			
2. Delaware	3. 81-1726831					
03/04/2016	3. ry under the law of which it is incorporated) 5.	(FEI number, if applicable)				
(Date	of incorporation)	(Date of duration, if other than perpetual)				
71000 Abernathy	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 Rd., Ste 200, Atlanta, GA 30328-5604		у)			
8. Name and stree	(Current mailin et address of Florida registered agent: (P.O C T Corporation System	g address, if different) Box NOT acceptable)	MES 16 M +==			
Office Address:	1200 South Pine Island Road					
J11100 1 7441 (43)	Plantation	, Florida	SA P IN			
	(City)	(Zip code)	PH IZ:			
Having been nan designated in this further agree to c duties, and I am j	ent's acceptance: ned as registered agent and to accept service to application, I hereby accept the appointmentally with the provisions of all statutes refamiliar with and accept the obligations of	nent as registered agent and agro clative to the proper and complet my position as registered agent.	ee to act in this capacity. te performance of my			
~77		gent's signature)				

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

3/31/2016 2:08:40 PM From: To: 8506176383(4/6) 11. Names and business addresses of officers and/or directors: SEE ATTACHED A. DIRECTORS Chairman: Vice Chairman; Address: _____ Director: Address: B. OFFICERS President: ____ Address: ______ മാ Vice President: Address: _____ Secretary: ____ Address: ___

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Sophie A. Flubscher, Secretary

(Typed or printed name and capacity of person signing application)

BRS Better Neighborhoods, Inc. Directors & Officers

	Fuxemponug	Luxembourg	Freemporing	United States	United States	United States	United States	United States
	40, avenue Monterey, Luxembourg, L-2163	40, avenue Monterey, Luxembourg, L-2163	40, avenue Monterey, Luxembourg, L-2163	1000 Abemathy Rd, Suite 200, Atlanta, Georgia 30328	1000 Abernathy Rd, Suite 200, Atlanta, Georgia 30328	1000 Abemathy Rd, Suite 200, Atlanta, Georgia 30328	1000 Abemathy Rd, Suite 200, Atlanta, Georgia 30328	1000 Abernathy Rd, Suite 200, Atlanta, Georgia 30328
	Director 4	Director 4		nt & CEO		Ĭ	•	Secretary
THE PARTY OF THE P	Vivek Bhandari	Michelle D. Esterman	Keyip I Wikox	Christopher J Byce	, <u>ti</u>		Sophie A Hitherher	Teresa L. Denoncourt

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Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRS BETTER NEIGHBORHOODS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

5980385 8300 SR# 20161530258

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 201943891

Date: 03-07-16